

Date Registered _____

Meadow Elementary

Time Preference AM _____ PM _____

Mondays AM 9:15-12:00 PM 12:35-2:30 Tues.-Fri. AM 9:15-12:00 PM 12:35-3:30

___ Check here if there are siblings at Meadow

___ Birth Certificate (before Sep. 1, 2010)

___ Immunization-**Pink Sheet filled out & Copy**

___ Proof of Residency (something tied to house)

___ Custodial Papers (if applicable)

___ New Student Registration Form

___ Guardianship Status

___ Speech & Hearing Survey

___ Emergency Form (one per family every year)

___ Student Health Information

___ Internet Permission

___ Physical Exam (optional)

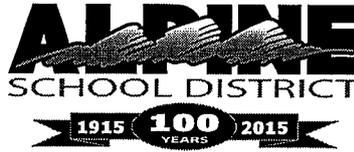
___ Free & Reduced Lunch Application (optional)

Please complete all forms inside this packet and return to the office with Birth Certificate, Immunization Records, Proof of Residency and if need be Custody agreement.

Entire registration must be complete to request a time

Including 5 year immunization

NEW STUDENT REGISTRATION FORM



575 N 100 E, American Fork, UT 84003
(801) 610-8400
Please fax directly to school

Student's Name _____
Last First Middle Known As

SSN# _____ - _____ - _____ Date of Birth _____ Birth Place (City/State) _____
(optional)

BOY GIRL Grade _____ Has your child ever attended school in Alpine School District? Yes No

Student transferred from: Circle One WITHIN DISTRICT OUT OF DISTRICT OUT OF STATE OUT OF COUNTRY*

*If out of country, which country? _____ Entry date in USA _____

School Last Attended _____ Address _____

Father's Email _____ Mother's Email _____

Student's Home Address _____
City State Zip

Name of Parent or Legal Guardian _____

STUDENT LIVES WITH (Write Names)	FOSTER	STEP	Circle Primary Phone #		
			HOME PHONE	CELL PHONE	WORK PHONE
Father					
Mother					
Guardian					
Other					

Circle One

- Yes No Has your child been living in the US for the last 3 years?
- Yes No Has your child been attending school in the US for the last 3 years?
- Yes No Do you have legal custody of the child you are registering?
- Yes No Is the child you are registering a foster child/ward of the court?
- Yes No Does this child have an Individualized Education Plan or is he/she receiving Special Education Services?
- Yes No Are you living with friends or relatives?
- Yes No Has your child ever been suspended/expelled from school?
- Yes No Is the primary language spoken in the home English? If no, what language is spoken? _____

Who speaks the non-English language? _____

I attest by this signature I am the custodial parent or legal guardian of the student above. I acknowledge that falsifying this record makes me subject to law.

Parent/Guardian Signature _____ Date _____

PLEASE TURN OVER AND FILL OUT BACK OF THIS FORM

OFFICE USE ONLY					
Teacher _____	Track _____	Student # _____	Date Enrolled _____	Start Date _____	
Skyward - <input type="checkbox"/> NCLB	<input type="checkbox"/> Schedule	<input type="checkbox"/> Home Room	<input type="checkbox"/> Advisor	<input type="checkbox"/> Class List	ESL Y or N
Immunizations - <input type="checkbox"/> Complete	<input type="checkbox"/> In Process	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Proof of Residency	<input type="checkbox"/> Legal Docs	
Administrator Approval _____					

**ALPINE SCHOOL DISTRICT
GUARDIANSHIP STATUS**

Under Utah Law 53A-2-202, a child is eligible to attend school if their parent or legal guardian resides within the school's boundaries. If the school is a closed school, exceptions may only be granted by applying through the "Out of Area Committee" at the Student Services Department in the District Office.

Please read carefully and select the statement below which best describes your relationship to the student whom you wish to register at this school. A separate form must be completed for each child you are registering.

Student's Name: _____ (Birth Certificate Name)

1. _____ I am a foster parent or proctor parent.
2. _____ I am the parent (birth or adopted) of this child and am not currently married to other parent, but I have been awarded Physical Legal Custody through the court.*
3. _____ I am not the parent (birth or adopted) of this child. I am a relative or friend.
(Please choose one of the following)
 - a. _____ I have been awarded legal guardianship of this child through the court. **
 - b. _____ I have not been awarded legal guardianship of this child through the court.
4. _____ The above named child lives with both parents and I am the parent (birth or adopted) of this child.
5. _____ None of the above statements describe my relationship to this child. (Please describe your relationship to this child)

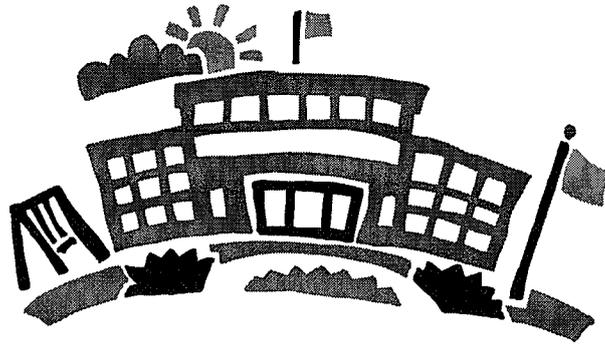
Your Name: _____
(Please print)

Your Signature: _____ Date _____

(By signing this document, I attest that the above information is true and correct. I acknowledge that any falsification of information makes me subject to penalty of law).

* To assist us in complying with court orders, you **must** provide us with a copy of the most recent **legal court documents before your student can enroll in school.**

** Verification of court order or DCFS placement must be provided prior to child being enrolled.



Immunization Requirements Kindergarten Entry 2015-2016

To attend kindergarten, a student *must have written proof* of receiving the following immunizations:

- ♦ 5 DTaP/DT
- ♦ 4 Polio* (3 doses, if 3rd dose was given on/after the 4th birthday)
- ♦ 2 Measles, Mumps, Rubella
- ♦ 3 Hepatitis B
- ♦ 2 Hepatitis A
- ♦ 2 Varicella **** (chickenpox)** – *history of disease is acceptable; a parent must sign the verification statement on the school immunization record.*

* The final dose of polio vaccine administered ON or AFTER August 7, 2009 must be given at a minimum age of 4 years AND a minimum interval of 6 months following the previous dose. The final dose of polio administered PRIOR to August 7, 2009 will fall under the previous recommendation with a minimum interval of 4 weeks between doses.

**Effective December 5, 2014, students entering Kindergarten must have two doses of Varicella (chickenpox) vaccine.

A child may be allowed to attend school “conditionally” if at least one dose of each *required* immunization has been completed and the child is currently on schedule to receive the remaining immunizations. The remaining immunizations must be completed on schedule for the child to remain in attendance.

For children whose parents claim an exemption to immunization for medical, religious, or personal reasons, an appropriate Utah Department of Health Exemption form must be completed and presented to the child’s school and a copy kept in their cumulative file.

For questions regarding your child’s immunization status, contact your child’s health care provider, your local health department or the Immunization Hotline at 1-800-275-0659.

This may be copied and distributed.
Rev 12/2014



Pre-Kindergarten Speech and Hearing Survey

Child's Name _____ Birthdate _____

Parent's Name _____ Date _____ Phone _____

This information will be very helpful in planning an optimal educational program for your child. Please complete the following checklist. You may make additional comments, if desired, on the bottom of this form.

Yes No

HEARING

_____ _____ Child's hearing is believed to be normal
If not, please explain _____

_____ _____ Child has history of ear infections.

SPEECH AND LANGUAGE

_____ _____ Child has difficulty saying many sounds.
Please list _____

_____ _____ Child has difficulty speaking in sentences.

_____ _____ Child talks very little.

_____ _____ Child has a voice problem: pitch, volume,
quality; i.e. hoarseness, harshness, nasality.

_____ _____ Child has excessive episodes of stuttering.

_____ _____ In your opinion, is your child's speech and language development
appropriate for his/her age?

_____ _____ Child may need some help from the speech-language pathologist.

Additional comments about your child's speech or hearing. _____

Parent's Last Name

Student's Last Name

Home Address

City

Home Phone

ALPINE SCHOOL DISTRICT
EMERGENCY & RELEASE INFORMATION

Occasionally a student may become ill or have an accident while at school. This may necessitate contracting the guardian or seeking medical attention for the student. The information you provide below will allow us to care for your child in case of an emergency. Registration is not complete without this signed form. List your students attending this school, oldest first.

Student Information

Table with 7 columns: Last Name, First Name, M/F, Grade, Teacher, Birth Date, List any Health Problems

Parent Information

Table with 5 columns: Name (please print name), Employer, Work Phone, Cell Phone, E-mail Address. Rows for Father, Mother, Legal Guardian, Step Father, Step Mother.

Alpine School District requires a legal guardian or a person authorized by the guardian to sign for your student to be released from school during the day. Please include individuals you authorize to pick up your child from school when you cannot be contacted. If someone who is not listed below comes to check out your student, we will not be able to release them. Non-custodial parent's names must be written below for non-custodial parent to check this student out.

Local Emergency Contacts (the individuals listed below are authorized to check out my student from School)

Table with 5 columns: Name, Street, City, State, Zip, Phone, Relationship

In the event that none of the above are available, or in the case of an emergency, the school will call an ambulance or the paramedics if it is deemed necessary.

Physician's Name: Phone:

Is there information on file preventing certain individuals from checking this student out? Yes No

I have read and understand the information included on this form. Furthermore, I accept financial responsibility for all accident/illness-related costs and I agree to the emergency procedures outlined above.

Signature of Parent or Legal Guardian

Relationship to the Student

I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the student(s) above. Falsifying any of the above information could result in legal action.

Please notify the school office of any changes regarding this information.

ALPINE SCHOOL DISTRICT
STUDENT HEALTH INFORMATION

Student's Name _____ Birth Date _____ Sex _____
Address _____ City _____ Grade _____
Home Phone _____ Cell Phone _____ Other Phone _____
Parent/Guardian: _____
Student lives with: _____ both parents _____ Mother _____ Father _____ Other

MEDICAL HISTORY

Family Doctor _____ Phone _____
Current Medical Diagnosis (if any) _____

YES	NO	HAS YOUR CHILD EVER HAD (if yes, please describe)
_____	_____	Any Allergies (Please specify to what and how serious)? _____
_____	_____	Asthma or Breathing Problems (how serious)? _____
_____	_____	Orthopedic or Bone Problems? _____
_____	_____	Heart Disease or Murmur? _____
_____	_____	Kidney Disease? _____
_____	_____	Seizures (type and frequency)? _____
_____	_____	Diabetes (Insulin dependant? On an insulin pump?) _____
_____	_____	Serious or Chronic Disease (i.e. Leukemia, transplant)? _____
_____	_____	Has your child had the Chickenpox disease? _____
_____	_____	Serious Accident/Injury? _____
_____	_____	Vision Exam? Date _____ By Whom _____ Results _____
_____	_____	Other Health Concerns? _____

MEDICATION

Is student on special medication that may need to be administered during school?
Yes _____ No _____ If yes, what type(s) and reason _____

If Yes, a student medication authorization form must be completed by parent and physician and returned to the school before any medication can be given. This includes all OTC (over the counter) and prescription medications (including inhalers, EpiPens and insulin). You can obtain the form from the office.

IT IS A VIOLATION OF THE DISTRICT'S DRUG-FREE POLICY FOR STUDENTS TO CARRY ANY MEDICATION. The only exception to this is inhalers, EpiPens and insulin with proper signed prescriber and parent authorization.

Signature of Parent/Guardian Date

PLEASE NOTE: The information requested is considered to be essential for planning a program each year which will meet the needs of your child. This information will be kept confidential and only persons working directly with your student (i.e. teachers, administrators, nurse) will have access to this information.



Alpine School District

Elementary Student Computer & Internet Use Permission Slip

School: Meadow Elementary

Name: _____ Core Teacher (if applicable): _____
(Last, First, Middle)

Student ID #: _____ Date: _____

Recognizing the fundamental role technology plays in the 21st Century, Alpine School District supports and encourages the appropriate and responsible use of technology in student learning. Alpine School District will take reasonable measures to protect students and ensure that technology use aligns with educational objectives.

The current policy, including rules and regulations, is found at:

http://policy.alpinedistrict.org/policy/5225_Internet

Wide Area Network Acceptable Use Rule or may be obtained at any district school. It is the responsibility of the student and parent/guardian to understand the current policy.

By signing below, I acknowledge I have read and reviewed with my student the rules and regulations associated with the Alpine School District Acceptable Use policy. Furthermore, I acknowledge these rules and regulations apply to both district and personal devices while on school property.

Parent/Guardian's Signature: _____ Date: _____

As the parent/guardian of the student, I grant permission for my child to use the Alpine School District network in all the following ways: Internet services, Student Email, Google docs and Other Services. This permission shall remain in effect unless changed explicitly by a guardian.

Parent/Guardian's Signature: _____ Date: _____



UTAH SCHOOL IMMUNIZATION RECORD

This record is part of the student's permanent school record (cumulative folder) as defined in Section 53A-11-304 of the Utah Statutory Code and shall transfer with the student's school record to any new school. The Utah Department of Health and local health departments shall have access to this record. This immunization record may be entered into the Utah Statewide Immunization Information System (USIIS).

Student Information

Student Name _____ Gender Male Female Date of Birth _____

Name of Parent/Guardian _____

Vaccine Information

VACCINE	1 st	2 nd	3 rd	4 th	5 th
DTP, DTaP, DT, Td, Tdap <small>(D-Diphtheria, T-Tetanus, P-Pertussis, aP-acellular Pertussis)</small>					
Tdap <small>(given after 7 years of age)</small>					Tdap is required for the 7 th grade requirement.
Polio (IPV or OPV)					
Haemophilus Influenzae b (Hib)					
Pneumococcal					
Measles, Mumps, and Rubella (MMR)* <small>1st dose must be received on or after the 1st birthday</small>					
Measles <small>(Rubeola, 10 day, red measles)**</small>					
Mumps**					
Rubella <small>(German measles, 3 day measles)**</small>					
Hepatitis B (HBV)					
Varicella (Chickenpox) <small>1st dose must be received on or after the 1st birthday.</small>					
Hepatitis A (HAV) <small>Must be received on or after the 1st birthday.</small>					

* If vaccine is given in the combined form (MMR), enter the complete date in the appropriate MMR box.

** If vaccine is given as a single antigen, enter the date(s) in the appropriate boxes.

If a student has history of the chickenpox disease, parent must sign to the right.

SCHOOL AND EARLY CHILDHOOD PROGRAM USE ONLY:

1. ALL REQUIREMENTS MET date: _____
 Adequately Immunized
Or Exemption was granted for:
 Medical (Expires* on: _____)
 Religious
 Personal

2. Conditional Admission date: _____
 3. Not-in-Compliance date: _____
 *If exemption is temporary, student is conditionally admitted; enter date in (2) and leave (1) blank.

Disease Verification:
 My child has history of the chickenpox disease, and therefore, does not need the Varicella vaccine.
 Signature of Parent/Guardian _____
 Age of child at time of disease: _____

Utah Department of Health
 Division of Disease Control & Prevention
 Immunization Program Rev. 10/11

www.immunize-utah.org
 (801)-538-9450

Record Source: Physician Registered Nurse Health Dept. USIIS
 I have reviewed the records available and to the best of my knowledge, this student has received the above immunizations.

Authorized Signature: _____ Date: _____ Title: _____